

Request for Tax Clearance Certificate Limited Liability Company or Limited Liability Partnership

CALIFORNIA FORM

3555L

Limited Liability Company (LLC) or Limited Liability Partnership (LLP) Name		Secretary of State File Number	
Current Address	Phone Number ()	Federal Employer Identification Number	
Date business commenced in California:	Date business ceased or will cease in California:	Latest California tax return	
		Income period:	Date filed:

All tax returns must be filed and balances due must be paid or secured before we will issue a Tax Clearance Certificate. All returns will remain subject to audit until the expiration of the normal statutes of limitations.

If an individual or another business entity will act as the Assumer of any future tax liability, check the **Assumer** box below and follow the appropriate instructions. Requests taking advantage of the Assumer method generally receive a Tax Clearance Certificate within **30 days**.

- ☐ **Assumer** Individual or Trust complete pages 2 and 3.
Corporate, LLC, or LLP complete pages 3 and 4.

If you are requesting a tax clearance without an Assumer, check the appropriate box below. Requests other than the Assumer method generally take **6 to 9 months** to receive a Tax Clearance Certificate.

- ☐ *Surety Bond*
☐ *Cash Deposit*
☐ *Taxes Paid* – A final return must be filed before we will issue a Tax Clearance Certificate based on Taxes Paid.

Has the IRS changed the LLC's or LLP's income tax liability for any years that you have not reported to us?

☐ Yes ☐ No

If yes, send us a copy of the Revenue Agent's Report.

If the LLC or LLP is currently being examined or an examination is pending, identify the agency or agencies below:

☐ IRS ☐ FTB ☐ Both

If being examined, indicate which years:

Current: _____

Pending: _____

Check tax return form filed: ☐ Form 100 ☐ Form 565 ☐ Form 568

Supplemental information. Please furnish the following information **ONLY** if another business entity will continue to conduct the business in California after the current cancellation of the original LLC or LLP.

Name of Transferee	California Identification Number or Secretary of State File Number of Transferee	
Current Address	Phone Number ()	Federal employer identification number
Date Assets Transferred to Transferee	Section of the Internal Revenue Code applicable to the transfer of taxpayer's business or assets:	

We will send a copy of the Tax Clearance Certificate to the California Secretary of State. If we are to mail the original Tax Clearance Certificate to someone other than the LLC or LLP listed above, please complete the following:

Name	Phone Number ()
Address	

Mail completed form to:

**LIMITED LIABILITY COMPANY/PARTNERSHIP UNIT
SECRETARY OF STATE
PO BOX 944228
SACRAMENTO CA 94244-2280**

For more information concerning this form, telephone the Franchise Tax Board at (916) 845-4124.

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call TTY/TDD (800) 822-6268.

Please complete Section A or B below.

A. INDIVIDUAL ASSUMPTION OF TAX LIABILITY

Limited liability company or limited liability partnership name		Secretary of State file number
Current address	Phone Number ()	Federal employer identification number

I unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named limited liability company or limited liability partnership at the effective date of cancellation.

My net worth (assets minus liabilities) is not less than: \$ _____ .

(We require a detailed financial statement [PAGE 3].)

Name of individual assumer (print)	Social security number
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Address	
	Phone Number ()

Date	Signature
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B. TRUST ASSUMPTION OF TAX LIABILITY

Limited liability company or limited liability partnership name		Secretary of State file number
Current address	Phone Number ()	Federal employer identification number

This trust unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named limited liability company or limited liability partnership at the effective date of cancellation.

(We require a detailed financial statement [PAGE 3].)

Name of trust	Trust federal identification number
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Address	
	Phone number ()

Date	Trustee's name (print)
	Trustee's signature

FOR PRIVACY ACT NOTICE, SEE FORM FTB 1131.

FINANCIAL STATEMENT FOR ASSUMER

Limited Liability Company (LLC) or Limited Liability Partnership (LLP) name

Secretary of State file number

State of Assets and Liabilities

Item	Present value (A)	Liabilities balance due (B)	Equity in asset
Cash			
Bank accounts			
Stocks and bonds			
Cash or loan value of insurance			
Household furniture			
Real property			
Vehicles			
Other assets (describe)			
Federal taxes outstanding			
Loans			
Other (include judgements)			
Net assets (Total column A less total column B)			\$

General Information (Please attach additional schedules if necessary.)

Net annual income

Source (name of business or employer)

Banks and savings and loan accounts (names and addresses)

Description and license number of each vehicle

Stocks and bonds (name of company, number of shares, etc.)

Real property (brief descriptions and locations)

I certify that the information above is correct to the best of my knowledge.

Assumer's name (print) _____

Assumer's address _____ Phone number () _____

Assumer's Signature _____ Date _____

CORPORATION, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY

The Assumption of Tax Liability

of (1) _____)
_____)
A limited liability company or limited liability partnership)
_____)
by (2) _____)
_____)
A corporation, limited liability company or limited liability partnership)
_____)

California corporation number, Secretary of
State file number, or federal employer
identification number

California corporation number, Secretary of
State file number, or federal employer
identification number

Name of assumer _____ unconditionally agrees to file
with the Franchise Tax Board all tax returns and data required and pay in full all tax liabilities, penalties,
interest, and fees of (1) _____
_____ at the
effective date of cancellation.

(2) _____
Exact corporation, limited liability company, or
limited liability partnership name

Print name and title of officer/manager/partner

Signature and title of officer/manager/partner

State of _____

County of _____

On _____ before me, the undersigned, a notary public in and
for said state, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s)
whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the
instrument the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

Name _____ (typed or printed)

Note: LLC, LLP, and corporation assumers must provide financial statement.